

Health and Safety Plan
Mayflower Tailing Ponds Study
Wasatch County, Utah

DRAFT

1.0 OBJECTIVES

This plan outlines the project Health and Safety Plan (HASP) to be followed during the hydrogeologic/geochemical investigation of the Mayflower Tailing Ponds in Wasatch County, Utah. The details of the study are described in the work plan to which this appendix is attached and the preceding Appendix A.

This plan presents the intent and procedures of the HASP and includes the appropriate listing of emergency actions and identification of local and regional emergency authorities and facilities which can be contacted.

2.0 IMPLEMENTATION AND MONITORING

This plan should accompany each individual and or contractor who is selected to work on this project. It shall be the responsibility of each individual to comply with the plan. The plan implementation will be overseen and corrective action shall be directed by a designated Site Safety Officer (SSO).

The SSO will be an individual who is working on-site during all operations. If any work is completed in shifts there will be appointed one SSO per shift. The SSO will be required to monitor each individual periodically throughout the shift and make observations as to that individuals general health. Each individual will be required to report any unusual conditions to the SSO. The SSO will be required to keep a record of each individual for the course of the work to be performed on the Mayflower Site.

3.0 ON-SITE HAZARDS

There are no known on-site hazards which classify the site as being hazardous. Baseline studies have been completed which outline the existing geochemical aspects of the materials. The majority of the work will be conducted on natural ground around the tailings. Detailed descriptions of the site, the historical methods of operation and the mineral characteristics of the tailing materials are presented in the Work Plan and in Appendix A.

4.0 LEVEL OF PROTECTION REQUIRED

Based on the other studies of the site and the previous studies at the nearby Olsen-Neihart reservoir, which impounds tailing from the same mine, the site is suitable as requiring only level D protection as described below:

LEVEL D MINIMUM PROTECTION

- A. Protective clothing
- B. Underwear
- C. Safety Boots or Shoes
- D. Safety Glasses
- E. Hard Hat
- F. Work Gloves
- G. Respirator standing by (one per site)

This protection will be required for all persons working on-site.

5.0 EMERGENCY RESOURCES

The following information is provided in case emergency notification is required.

Ambulance	649-9561
University Hospital	581-2291
Police	649-9561
Fire Dept.	649-9651
Poison Control Center	1-800-662-0062
Utah Health Dept.	Loretta Pickerell 533-4145
EPA Region VIII	Kelcey Yarbrough 303-293-1532

The nearest major hospital is:

University of Utah Hospital
45 North Medical Drive
Salt Lake City, Utah

From the Mayflower site one should proceed along Highway 40 to I-80 and west toward Salt Lake City. Exit I-80 north onto Foothill Drive which becomes Wasatch Blvd. Proceed to Medical Drive and follow the blue Hospital Location signs. The emergency room is on the west side of the building.

5.0 SITE SAFETY OFFICER RESPONSIBILITIES

The SSO will be responsible for assuring that the work team complies with the HASP. He will interact as required with the Project Quality Assurance Officer and Project Managers. He will be required to maintain records on each worker and monitor the general health of the worker. He will be responsible for determining that each worker is in compliance with the HASP procedures and is familiar with the general emergency procedures. This will include conducting periodic meetings on the general HASP procedures and discussing local conditions and recent activity on the project which may affect the health and safety of the workers. He will be responsible to assure that all required safety equipment is properly maintained and available.

6.0 GENERAL CONDITIONS AND STATE OF UTAH SAFETY FORMS

All of the safety conditions presented in this plan are based on each member of the team having a thorough knowledge of the project and the various aspects of it. Each team member will be assumed to be in good health and capable of performing the assigned tasks.

Attached to this plan are the State of Utah Site Health/Safety plan forms. Only those forms which are pertinent to the type of activity being performed will require completion. It will be the responsibility of the SSO to see that these forms are completed where necessary. The forms will be completed and reviewed by the SSO prior to completion of the pertinent activity.

STATE OF UTAH
SITE HEALTH/SAFETY PLAN

GENERAL INFORMATION

NAME OF SITE: _____ DATE PLAN PREPARED: _____

LOCATION: _____ PREPARED BY (Signature/Title): _____

APPROVED BY: _____ Date: _____

WORK OBJECTIVES: _____

DATE OF PROPOSED WORK: _____ INFORMATION REVIEW: Complete _____ Preliminary _____

PRELIMINARY WORKER HAZARD ASSESSMENT: Serious _____ Moderate _____ Low _____ Unknown _____

SITE/WASTE CHARACTERISTICS

WASTE TYPE(S): Liquid _____ Solid _____ Sludge _____ Gas _____

CHARACTERISTIC(S): Corrosive _____ Ignitable _____ Radioactive _____ Volatile _____ Toxic _____

Reactive _____ Unknown _____ Other (describe): _____

FACILITY DESCRIPTION: _____

Principal Disposal Method (type and location): _____

Unusual Features (terrain, embankments, water bodies, power lines, etc.): _____

Site Status: Active _____ Inactive _____ Unknown _____

Site History (complaints, response actions, etc.): _____

HAZARD EVALUATION FOR SITE

DESCRIBE MATERIALS LIKELY TO BE ENCOUNTERED ONSITE: _____

DESCRIBE HAZARDS ASSOCIATED WITH THE MATERIALS: _____

DESCRIBE PRIMARY EXPOSURE HAZARDS (Inhalation, ingestion, dermal, etc.): _____

SITE SAFETY PLAN

SITE PERIMETER ESTABLISHED: Yes _____ No _____ ZONE(S) OF CONTAMINATION IDENTIFIED: Yes _____ No _____

MAP OR SKETCH OF SITE ATTACHED: _____

PERSONAL PROTECTION: Level of Protection: A _____ B _____ C _____ D _____

Modifications: _____

Surveillance/Monitoring Equipment: _____

Decontamination Procedures: _____

Special Equipment, Facilities, or Procedures: _____

SITE ACCESS PROCEDURES

LANDOWNER/LESSEE/REPRESENTATIVE CONTACTED BY: _____ DATE: _____

DESCRIBE CONTACT: _____

COUNTY/LOCAL HEALTH OFFICIALS CONTACTED BY: _____ DATE: _____

DESCRIBE CONTACT: _____

DESCRIBE ANY OTHER ACCESS CONSIDERATIONS: _____

TEAM ORGANIZATION AND RESPONSIBILITIES

Team Member (Name/Discipline)

Responsibility

WORK LIMITATIONS

DESCRIBE (Time of day, climatic considerations, etc.): _____

INVESTIGATION-DERIVED MATERIAL DISPOSAL

DESCRIBE: _____

OTHER SITE-SPECIFIC HAZARDS/SAFETY CONSIDERATIONS

DESCRIBE: _____

EMERGENCY INFORMATION

(NOTE: ALL EMERGENCY TELEPHONE NUMBERS MUST BE REVERIFIED IMMEDIATELY PRIOR TO FIELDWORK)

Local Resources

Ambulance: _____ Telephone: _____

Emergency Room: Name of Hospital: _____ Telephone: _____

Location of Hospital: _____

Poison Control Center: _____ Telephone: _____

Police: _____ Telephone: _____

Fire Department: _____ Telephone: _____

Airport: _____ Telephone: _____

Department of Health Contact: _____ Telephone: _____

Other Emergency Contacts: _____ Telephone: _____

Telephone: _____

Telephone: _____

Telephone: _____

Telephone: _____

Telephone: _____

NUMBERS VERIFIED BY (Print Name): _____ Date: _____

Signature and Title: _____

Site Resources

Water Supply: _____

Power Supply: _____

Nearest Telephone/Radio: _____

Other (Describe): _____

EMERGENCY ROUTES

(NOTE: EMERGENCY ROUTES MUST BE DRIVEN BY SITE SAFETY OFFICER PRIOR TO FIELDWORK)

TO HOSPITAL/CLINIC (Nearest): _____

TO SPECIALIZED EMERGENCY SERVICES (Burn unit, etc.): _____

OTHER: _____

ROUTES DRIVEN BY (Print Name): _____ Date: _____

Note Any Problems Encountered or Adjustments Needed: _____

Signature and Title: _____